

OWNER AUTHORIZATION FORM

Submittal Date: July 28, 2025

Owner Authorization Forms for each owner of the property being considered for subdivision/development is to be submitted with each stage of review. If no changes to the ownership have occurred since the last stage of review, a copy of the previously submitted Form may be submitted with an updated Submittal Date.

I, Thomas Breen, CFO ^{South County Hospital Healthcare System is} hereby certify that ~~South County Hospital Healthcare System is~~ the owner of property designated as Plat 64-1, Lot 16, as shown on the Town of South Kingstown Tax Assessor Maps.

I further certify that I am the owner of the development rights for this property.

I hereby authorize and am in agreement with the application, signed by Andrew B. Prescott (applicant), for subdivision or development for the subject property. Said application is to be submitted to the Planning Department of the Town of South Kingstown for review and decision by the Planning Board.

WITNESS its name this 28th day of July, 2025

BY: *T Breen*
Signature of Owner

STATE OF RHODE ISLAND

County of Washington

In Wakefield, Rhode Island on the 28th day of July, 2025, before me personally appeared Thomas Breen (name) to me known and known by me to the party executing the foregoing instrument and acknowledged said instrument, by him/her executed, to be his/her free act and deed, as CFO of South County Hospital (individual, corporation, trustee, partnership, non-profit, etc.).
Health Care System

Andrew B Prescott
Notary Public

ANDREW B. PRESCOTT
Notary Public, State of Rhode Island
Commission # 766821

My Commission Expires: June 5, 2025